Language Preference and Auxiliary Aid Identification

Case Name:	Case Number:
	Language Service Rights
unreasonable delay. If you ne	erpreter services to help you speak with county staff without an eed free interpreter services in order to speak to county staff ts, services available or other requirements, please tell us what by filling in the blank below:
I speak English and do no	ot need free interpreter services:
I speak Spanish and there	e are bi-lingual staff available to speak with me
I speak:	and need free Interpreter Services.
	Written Language Needs
native language if they have be Social Services (CDSS). Other	services, you have a right to receive forms and notices in your been translated into that language by the California Department of erwise, the county will interpret forms/letters (tell you what they guage you prefer for forms and notices.
I read English and do no	ot need translated forms or notices
	nd other available documents translated
	Auxiliary Aids
•	nd the County has an obligation to provide auxiliary aids (TDD, lle translations, etc.) to assist with communication between you
I need the following to help me	e to communicate with the County:
Applicant/Recipient signature	 Date
County Use Only: Explain Interp	reter/Translation/Auxiliary Aid services provided
County Staff Signature/Title	Date

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